



Fighting HIV on all fronts: reducing vulnerability by targeting migrants, their spouses and families in source and destination countries

Project briefing

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Key messages

- The isolation and poor working conditions experienced by many migrants, along with peer pressure, makes them more vulnerable to engaging in risky sexual behaviours.
- Reaching migrants and their spouses with HIV-related information, referral and support services is key to reducing their vulnerability to HIV and AIDS.
- Interventions at source and destination increase communication between spouses, which can reduce women's vulnerability to HIV and lead to more equitable conjugal relationships.
- Greater efforts are needed to reach remote areas where cultural norms may also limit women's access to information; door-to-door outreach and the formation of spouse groups have proved effective.

Approximately 50,000 people in Nepal (0.3% of the total population) were living with HIV and AIDS in 2012, 27% of whom were migrants (UNAIDS, 2012). Many migrants are from India, which has the highest number of people living with HIV (2.3 million) in the region; Maharashtra (the Indian state that is the destination for many Nepalese migrants) has very high HIV prevalence (0.55%) (NACO, 2012). Evidence indicates that migrants face particular vulnerabilities (see, for example, IUSSP, 2009; IOM, 2012), which also make them more vulnerable to HIV and AIDS. They typically experience difficult working conditions, loneliness and feelings of powerlessness, which, along with peer pressure, may lead them to engage in risky sexual behaviours.

Over the past four years, the EMPHASIS (Enhancing Mobile Populations' Access to HIV and AIDS Services, Information and Support) project has been implementing activities to address migrants' vulnerabilities, with specific interventions for Bangladeshi and Nepali migrants at source, transit, and destination sites in India (see Box 1). Given the nature of migration and of HIV, it is critical to conduct cross-border initiatives and work with migrants and their families in the different locations they find themselves. EMPHASIS is one of the few projects globally that takes this approach and as such it provides a unique regional perspective on migrants' lives and vulnerabilities. As of January 2014, EMPHASIS had reached approximately 341,747 migrants and family members across the three countries.



Box 1: Key EMPHASIS interventions

HIV awareness-raising and information provision – distributing leaflets, brochures and posters (at transit, source and destination); one-to-one interaction, group meetings and discussions, with peer educators and outreach workers going door-to-door (source and destination); drop-in centres (DIC), including mobile centres (6 at source, 4 at transit, and 7 at destination); information desks (2), and a community resource centre (at source).

Referral services – to voluntary counselling and testing (VCT) services provided by NGOs, government organisations and district hospitals; referral of people living with HIV (PLHIV) to district hospitals for CD4 count, antiretroviral therapy (ART) and opportunistic infection (OI) services (travel costs to access ART borne by EMPHASIS in Nepal); and cross-border ART referral.

Supporting community-based groups/spouse¹ groups/solidarity groups – helping women, PLHIV and other community volunteers to increase provision of information, access and referrals to HIV-related services; providing counselling, peer support (source and destination), community home-based care, and livelihood and social support to PLHIV (source); facilitating income generation through vocational training and livelihood support; and providing information on and facilitating safe remittances (destination).

Safe mobility interventions – providing advice and information on how to travel safely, through outreach and peer education using IEC materials and drop-in centres; raising awareness of migrants' rights (and reducing harassment and discrimination) by engaging with rickshaw-pullers (*tangapullers*), police/border police, government, private transporters and hoteliers; providing emergency support (e.g. an emergency fund was established through local donations) to support migrants at transit (India/Nepal); and helping spouse groups to open bank accounts to ensure safe remittances (source).

¹ Spouse groups are formed in Nepal and India to facilitate women's empowerment and safe migration. Amongst other things, these groups are facilitated to open bank accounts and are spaced where information on HIV and AIDS is provided.

A number of studies have been carried out alongside these interventions.² This briefing presents findings from one of those studies, which explored the effects of EMPHASIS interventions on Nepali migrants (men and women) and their spouses.³ To ascertain any wider impact as a result of the unique approach used by EMPHASIS, respondents were sampled at source and destination according to whether they alone had received the intervention, whether they and their spouse (or other family member back home or currently living with them) had received the intervention, or whether neither of them or any other family member had received the intervention. While the study also considered the effects of the interventions on migrants at transit locations, this briefing focuses on findings from the source and destination sites. The study used qualitative approaches (in-depth and key informant interviews), interviewing a total of 65 respondents, including three in-depth interviews with non-beneficiaries.

Effects of interventions on HIV and AIDS-related knowledge and behaviour, stigma and discrimination, and on gender/spousal relationships

This section explores the effects of EMPHASIS interventions on HIV and AIDS-related knowledge and behaviours, and on stigma and discrimination faced by PLHIV. It also looks at relationships between spouses – particularly the extent to which they are able to communicate about HIV and AIDS-related issues. It highlights differences between those who were reached by the intervention and those who were not, as well as differences according to whether both spouses were reached, or just one.

Knowledge of HIV and AIDS – Almost 96% of respondents (55 out of 57) who had accessed EMPHASIS services had adequate knowledge of HIV and AIDS, with most people knowing about transmission and prevention. Those who had not accessed EMPHASIS services showed a lack of (or inadequate) knowledge of HIV transmission and prevention. While almost 41% of respondents (23 out of 57) reported finding out about HIV and AIDS exclusively from EMPHASIS, 44% (25 out of 57) cited EMPHASIS and other sources for information

(e.g. school, radio, hospital leaflets), while 4.5% (3 out of 60, also non-EMPHASIS beneficiaries) reported getting HIV and AIDS-related information exclusively from other sources. Knowledge of HIV was much stronger and more comprehensive among those who had been reached, as the following quotes illustrate:

Reached... *‘I know about HIV very well. I live close to the [drop-in centre in Gurgaon]... It’s a normal disease. It is transmitted through mother to child and unsafe sex. To prevent it we must not have sexual relationships with others. We shouldn’t use sharp things used by others and the mother must give birth in the hospital.’* (Female migrant, 35 years, Delhi)

Not reached⁴... *‘I heard it is a kind of disease. I heard through radio. I don’t know much about this disease. There is no time to think about it because we don’t get free time from working. I have never gone outside my house. That’s why we can’t get other information of it.’* (Housewife, 35 years, Kanchanpur, Nepal)

Despite good levels of knowledge about HIV in EMPHASIS project areas, some respondents still held important misconceptions – particularly that HIV could be transmitted through mosquito bites (5 out of 57) and sharp implements (9 out of 57). This was particularly the case among respondents who had rarely visited a drop-in centre, those who had had infrequent visits by peer educators, or who had attended very few community meetings.

AIDS and HIV-related behaviour – When asked whether EMPHASIS interventions had led to changes in people’s behaviour, 28 out of the 57 respondents (49%) – 10 men and 18 women – said they had. Among men, changes in behaviour consisted of stopping/reducing alcohol use, stopping visiting sex workers, not going out with friends, and using condoms. *‘I used to drink alcohol, and get involved in sexual activities without using condoms. But nowadays, if somebody asks me to go out for sex, then I tell them that if I have condoms then only I go. Otherwise I don’t go’* (male migrant, 27 years, Delhi). Women (and in particular the three HIV-positive women interviewed) reported using condoms as a result of the project’s interventions, as well as better communication with their spouse (see below).

2 Sultana et al., 2011; Wagle et al., 2011; Samuels et al., 2012; Samuels and Wagle, 2011; Samuels et al., 2011; Samuels et al., 2013; Sultana and Kaur, 2013; Sarin, 2013; Samuels et al., 2013.

3 Although the study originally planned to include Bangladeshi migrants, they are often undocumented; given the sensitivities this gives rise to, it was decided not to include them in the study.

4 Wife not reached at source (non-EMPHASIS beneficiary).

HIV and AIDS-related stigma and discrimination

– Perceptions and attitudes towards HIV and AIDS, and PLHIV, were also changing as a result of EMPHASIS interventions. Respondents who had received EMPHASIS interventions spoke about HIV as something that was not a dangerous or ‘dirty’ disease, but ‘normal’; women especially reported being more comfortable talking about HIV and AIDS whereas previously they felt ashamed or embarrassed to discuss such issues. And rather than being seen as immoral, PLHIV were seen to be deserving of compassion.

‘I used to hear that it transmits through sexual contacts only. Then I hated the people who were infected because I thought they got this from prostitution. But when I learned about the ways of transmission, then I changed my thinking about them.’ (Housewife, 29 years, Achham, Nepal)

Though most people (even in non-intervention areas) tended not to stigmatise PLHIV, one respondent who had not received the intervention expressed mixed views: *‘I don’t know much about HIV-positive people but they are also human beings like us. I would never be friends with them and eat with them. If there is HIV infected in my family then I would take them for the treatment, what else?’* (Housewife, 35 years, Kanchanpur, Nepal)

Changes in gender / spousal relationships – EMPHASIS project interventions appear to have led to some positive changes in spousal relationships. Some of the women who had been reached by the project said that their husbands had previously refused to talk to them or even scolded them when they brought up the subject of HIV and safer sexual behaviours. Now, however, not only are women able to initiate discussions with their husbands about sex and HIV, but they are able to ask for and encourage changes in behaviour, such as condom use. Peer workers, who have helped to convince husbands of the importance of these practices, have played an important role. It is also interesting to note that couples where both spouses had been reached by interventions appeared to have better communication and were more likely to adopt safe sexual behaviours compared with couples where only one spouse had received EMPHASIS interventions and with couples who were outside the project area.

Thus in the quotes in Box 2, we first see the narrative where both spouses have been reached; they have been using condoms to protect against

unwanted pregnancy and to reduce the risk of contracting HIV or other sexually transmitted illnesses (STIs). They have both obtained information from project meetings, and the husband has visited a drop-in centre. They are also able to talk to each other about the potential risks migration poses to their sexual health. In the second quote, from a woman who has been reached by project interventions but whose husband has not, she talks about how difficult it is to raise the issue of HIV with her husband. And in the final narrative, where the husband has been reached by the interventions but his wife has not, he is adamant that she does not need to know about HIV because, in his eyes, he faces no risks himself.

Box 2: Impact of EMPHASIS interventions on spousal relationships

Both spouses reached⁵ ... *‘Yes, we are using condoms since four years to protect from unwanted pregnancy and HIV/STI. This is the reason for using condoms. We can easily get the condoms through the (peer educator). My husband is an understanding person... I often tease him over the phone, saying, "If you can't control yourself, then don't forget to take condoms with you..." I visited WAC's [a local NGO] VCT centre though it is far because we can have treatment and blood test there. My husband also visits the drop-in centre in Mumbai. He often says that he has attended meetings and trainings organised by EMPHASIS there.’* (Housewife, 35 years, Achham, Nepal)

Woman reached but husband is not⁶ ... *I tried to discuss about HIV and STI with my husband. But he refused to listen. I am always worried about him... I always worry about his life, thinking about HIV. When I talked to him, he scolded me, saying how I could think about that. He says he is safe from HIV because he has never been involved in risk activities. So what could I do?’* (Housewife, 36 years, Kanchanpur, Nepal)

Man reached but wife not⁷ ... *Why should I talk about it if there is no person living with HIV in my house? But I have told my other friends about it... With my own wife, there is no need to use condoms because there is no risk. I never use it.’* (Male migrant, 19 years, Delhi)

5 Wife reached at source and husband reached at destination.

6 Wife reached at source and husband not reached at destination.

7 Husband reached at destination but wife not reached at source.

Effect of interventions on access, use and barriers to HIV and AIDS-related services

A range of HIV and AIDS-related services were provided through EMPHASIS. This section explores how people view such services and the effects they have had.

Drop-in centres: In Delhi, the drop-in centre was used by all respondents not only as a place to access information about HIV and AIDS, safe mobility and referral services, but also as a place for making connections and networking among fellow Nepali migrants. Given that most of the drop-in centres are in transit locations in Nepal, only two respondents who live in and around the drop-in centre accessed it.

'NC (drop-in centre) is like home for those Nepalis who have migrated here because it supports them in every kind of problem. They have peer educators who provide knowledge of HIV and condoms. They send us for blood test (HIV test) to the government hospital. Sometimes they take us along with them. I feel good in getting these services.' (Female migrant, 35 years, Delhi)

Peer education and outreach: Most respondents in Nepal reported being visited at least once by EMPHASIS outreach workers. This was the main source of information for spouses of migrants, partly to circumvent the problem of social norms that discourage women from going outside the household. In Delhi, women faced fewer restrictions on their movement and were able also to go to drop-in centres. Respondents in Delhi and Nepal expressed satisfaction about the services they received through EMPHASIS and talked positively about their interactions with peer educators and outreach workers.

'I feel good because they [outreach workers] come to our home and provide us information regarding HIV. We don't get time to go to their services centre. We have lots of work in the house. The staff are very friendly and well behaved. The information they have given is very important to me. There is clarity in what they say. It is a big thing to make us understand because we are illiterate. We don't understand easily. They provide us condoms and also suggest to us to go to health post for any kind of problems.' (Housewife, 28 years, Kanchanpur, Nepal)

HIV testing services: Most respondents in Delhi reported having taken a test for HIV; all respondents felt that HIV testing was necessary (for themselves and spouses). The main reason given for not having an HIV test (mostly in Nepal) was the distance to test centres. As the quotes in Box 3 illustrate, when both spouses received EMPHASIS project services (either in the same location or different locations), they made better choices compared with couples in which either one or both partners were not receiving services (though the 'not reached' woman did express willingness to have a test). The first quote shows how a wife, after being visited by outreach workers, felt able to talk to her husband about the benefits of HIV testing; she ensures that the outreach workers visit them both when he returns from India, and comments that he is also getting information on HIV when in India. In the second case, however, although the man is receiving information on HIV, he does not see it as something that affects him or his wife. Finally, the third quote is from a woman who was not reached by EMPHASIS services, who says there is no communication between herself and her husband about HIV; but she agrees it would be good to do an HIV test as she does not know what her husband does when he is working in India.



Box 3: Respondents' views of HIV and AIDS-related services

Both spouses reached ... *'When I told my husband to go for HIV test, he didn't agree, but I forced him to do his HIV test ... When peer educator and outreach workers come to my house, then I feel good. When they hear my husband is coming home, then they come to visit him and give him knowledge. My husband also got this information in India.'* (Housewife, 26 years, Kanchanpur, Nepal)

Male migrant only reached ... *'I haven't used condoms with my wife because she does not have HIV and STI. I didn't get HIV testing because I don't have any symptoms ... I don't talk about HIV [to his wife] because there is no problem in my family regarding this. The behaviour of my wife is good. I know that we can't predict anything about the future, but now we are safe.'* (Male migrant, 35 years, Delhi)

Not reached ... *'Neither my husband nor I ever talk about it. It is good to test to know about HIV status. My husband told me that there is nothing to him. I feel that we must test HIV because who knows about it. My husband is away from me. I just believe him but I don't know what he does there.'* (Housewife, 36 years, Kanchanpur, Nepal)

Antiretroviral (ARV) and support services:

Three HIV-positive couples took part in the study; the three female spouses all live in Nepal while their husbands work and live in India. All six individuals reported receiving support from EMPHASIS with accessing ARV and other services, both at source and at destination, and spoke about things becoming much easier since the project began. They also commented that community attitudes towards them had changed because people now have more knowledge of HIV and AIDS – again, as a result of EMPHASIS.

'After EMPHASIS project was launched here it is very easy to access services. To reduce stigma in the community it plays a vital role. Nowadays we don't face any problem regarding stigma. If we need any help from the community then they [community members] get ready to support us. EMPHASIS provides us with travelling costs to go to Mahendranagar for treatment {the nearest hospital where, ART and STI services are available} ... I got two goats from EMPHASIS as a support, and nutrition like rice, pulses and oil. I feel my family

got relief from this.' (Housewife, 36 years, Kanchanpur, Nepal)

However, despite this direct support for transport costs, distance remains a barrier to people accessing services:

'It takes two days to reach the district hospital. We have to cross a river. When the river is in flood, then we are unable to get ARVs [antiretroviral drugs]. We are compelled to leave our small children in the home when going to get ARV.' (Housewife, 30 years, Kanchanpur, Nepal)

Recommendations

A number of recommendations emerged from this study. While some recommendations are specific to the EMPHASIS project, it is hoped they can also provide guidance for other organisations implementing HIV and AIDS interventions with migrants, at the same time taking into account different geographical and migration contexts, policy frameworks, and the stage of the epidemic in a given country or region.

For maximum impact, HIV and AIDS interventions with migrants should:

- **Target both spouses, whether in the same or different locations.** Findings clearly show the benefits of reaching both spouses with activities, including improved relationships, better communication, and both spouses engaging in less risky sexual behaviours. Promoting more open dialogue and communications between spouses can also empower women and lead to more equitable conjugal relationships. Mechanisms to ensure that both spouses are reached could include:
 - carrying out joint activities (e.g. couple counselling) when both spouses are in the same location
 - improving/initiating better tracking of users at source and destination locations.

Where one spouse has received the intervention and the other spouse lives in a location where services are not available, the project could provide referral information to appropriate services offered by other organisations.

- **Continue awareness-raising and information-provision activities**, focusing on more remote areas and areas not covered by the project, in order to address some of the main misconceptions that still surround HIV.

Mechanisms for doing this could include:

- establishing more mobile camps or information points
- providing information and building the capacity of other organisations to reach out beyond EMPHASIS project areas.

To ensure that interventions reach women in Nepal in particular, the number of outreach workers/door-to-door visits should be increased, alongside building the capacity of other community-based educators and/or forming more spouse groups.

- **Provide a one-stop service at drop-in centres** at destination location. This would help reduce the amount of travel for clients accessing services in multiple locations. As well as providing information, the centres could also offer HIV testing, treatment for STIs, and ART services. This could be done through:

- forging links with existing service providers and enabling them to operate from the centres on a regular basis in exchange for some form of incentive
- hiring, on a part-time basis, an appropriately trained medical practitioner.





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Pictures:

Page 2: Migrants at Sanfhebagar bus station in Nepal © John Spoul, Emphasis, 2011

Page 5: A support group for people living with HIV in Jhalari, Nepal © Gahatraj Umesh, Emphasis, 2014

Page 7: Distribution of condoms and HIV information, Nepal © John Spoul, Emphasis, 2011

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